

Supplemental Data Sheet for Application
for Authority to Employ Workers with
Disabilities at Special Minimum Wages

U. S. Department of Labor
Employment Standards Administration
Wage and Hour Division



INSTRUCTIONS FOR COMPLETING FORM WH-226A-MIS

OMB No.: 1215-0005
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List only those workers with disabilities who earn less than the statutory minimum wage or SCA wage determination rate.

Item 2 List each worker with a disability engaged in covered work in the worksite regardless of the amount of time spent in the program or the individual's earnings.

Item 3 For workers paid hourly wage rates, list the rate or rates paid at the end of the fiscal quarter. For example: Jane Smith, quality control, \$3.00.

For workers paid by piece rates, list the average earnings per hour. Average earnings are computed by dividing the total earnings of the individual worker by the number of hours worked during that fiscal quarter. For example, John Jones earned \$600.00 during the quarter ending 6/30/-. He worked 300 hours. His average earnings per hour are \$2.00.

Item 4 Clearly identify the work performed by the workers with disabilities. For example, truck helper, assembler, machine operator, janitor, etc.

Important: Name and address of worksite should appear in Item 2 or Item 3 on the WH-226-MIS.
When completing Items 2 through 4, please use information from your most recent representative
fiscal quarter. Attach additional sheets if necessary.

1. Name and Address of Work Site:

SCA work performed at this site? ☐

2. Name of workers with disabilities and primary disability (e.g., John Jones - cerebral palsy)	3. Average earnings per hour	4. Type of work

Public Burden Statement

We estimate that it will take an average of 45 minutes per response to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Administrator, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Form WH-226A
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